Table II.	Immunizations	Post Alloge	eneic Trai	nsplant
-----------	----------------------	-------------	------------	---------

Туре	6 Mo	12 Mo	14 – 18 Mo	24 Mo
Influenza Virus	Lifelong, seasonal, starting before HSCT and resuming after 6 months			
Pneumococcal 7-valent conjugate (0.5 mL, IM)	X	X		
DTaP ^a (0.5 mL IM)		X	X	X
Hib b conjugate (0.5 mL IM)		X	X	X
IPV ^c (0.5 mL SQ or IM)		X	X	X
Hepatitis A (1 mL IM)		X	X	
Hepatitis B (1 mL IM)		X	X	X
MMR ^d (0.5 mL SQ)				X
VZV e (0.5 mL SQ)				X

^a Diphtheria and Tetanus Toxoids and Acellular Pertussis vaccine, Absorbed (DTaP)

^b Haemophilus b Conjugate vaccine

^c Inactivated Poliovirus vaccine

^d Measles, Mumps, & Rubella vaccine, live, attenuated; only given if patient is immunocompetent at 24 months, i.e., NOT on immune suppression AND NO GVHD for six months.

^e Varicella-Zoster Vaccine (VZV); only given if patients are immunocompetent at 24 months, i.e., NOT on immune suppression AND NO GVHD for six months.; If patients were vaccinated, *revaccinate*; If patients were never vaccinated with positive serology, *DO NOT vaccinate*; If patients were never vaccinated with negative serology, *vaccinate*; *Peds* ages 12 mo − 12 y receive a single dose; persons aged ≥ 13 y should receive two doses, 4–8 weeks apart.